



2142
Dr

Docket No. 50325-0623

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

REPLY UNDER 37 C.F.R. §1.111

In re Application of	:	Confirmation No.: 6145
	:	
Stapp et al.	:	Group Art Unit: 2142
	:	
Serial No.: 10/053,759	:	Examiner: Vu, Thong H.
	:	
Filed: 01/18/02	:	
	:	
For: TECHNIQUES FOR DYNAMIC	:	
HOST CONFIGURATION USING	:	
OVERLAPPING NETWORK	:	
ADDRESSES	:	

REPLY TO OFFICE ACTION

Commissioner for Patents
Mail Stop AMENDMENT
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

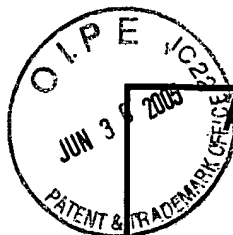
This is in response to the Office Action mailed **03/28/2005**, the shortened statutory period for which runs until **06/28/05**.

The Examiner is thanked for the performance of a thorough search.

STATUS OF CLAIMS

No claims have been cancelled, amended, added, or withdrawn.

Claims 1-29 are currently pending in the application.



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

AMENDMENT NO FEE TRANSMITTAL for FY 2005 <i>Patent fees are subject to annual revision, Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 AND 1.28</i>		Complete if Known		
		Application Number	10/053,759	
		Filing Date	January 28, 2002	
		First Named Inventor	Mark Stapp	
		Examiner Name	Vu, Thong H.	
TOTAL AMOUNT OF PAYMENT (\$)		0.00	Group/Art Unit	2142
			Attorney Docket No.	50325-0623

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																																	
1. <input checked="" type="checkbox"/> Throughout the pendency of this application, please charge any additional fees, including any required extension of time fees, and credit all overpayments to deposit account 50-1302. A duplicate of this sheet is enclosed.		3. ADDITIONAL FEES																																																	
Deposit Account Number: 50-1302																																																			
Deposit Account Name: Hickman Palermo Truong & Becker, LLP																																																			
2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other																																																			
3. <input type="checkbox"/> Applicant(s) is entitled to small entity status. See 37 CFR 1.27.																																																			
FEE CALCULATION																																																			
1. BASIC FILING FEE																																																			
<table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1011</td><td>300</td><td>2011</td><td>150</td><td>Utility filing fee</td><td></td></tr><tr><td>1111</td><td>500</td><td>2111</td><td>250</td><td>Utility Search fee</td><td></td></tr><tr><td>1311</td><td>200</td><td>2311</td><td>100</td><td>Utility Examination fee</td><td></td></tr><tr><td>1081</td><td>250</td><td>2081</td><td>125</td><td>Utility Application Size Fee</td><td></td></tr><tr><td>1005</td><td>200</td><td>2005</td><td>100</td><td>Provisional Application Fee</td><td></td></tr><tr><td>1085</td><td>250</td><td>20835</td><td>125</td><td>Provisional Application Size Fee</td><td></td></tr><tr><td colspan="5">SUBTOTAL (1)</td><td>(\$) 0.00</td></tr></tbody></table>		Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid	1011	300	2011	150	Utility filing fee		1111	500	2111	250	Utility Search fee		1311	200	2311	100	Utility Examination fee		1081	250	2081	125	Utility Application Size Fee		1005	200	2005	100	Provisional Application Fee		1085	250	20835	125	Provisional Application Size Fee		SUBTOTAL (1)					(\$) 0.00		
Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid																																														
1011	300	2011	150	Utility filing fee																																															
1111	500	2111	250	Utility Search fee																																															
1311	200	2311	100	Utility Examination fee																																															
1081	250	2081	125	Utility Application Size Fee																																															
1005	200	2005	100	Provisional Application Fee																																															
1085	250	20835	125	Provisional Application Size Fee																																															
SUBTOTAL (1)					(\$) 0.00																																														
2. EXTRA CLAIM FEES																																																			
<table border="1"><thead><tr><th>Total Claims</th><th>Highest Paid Claims</th><th>Extra Claims</th><th>Fee from Below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>29</td><td>-29**=</td><td>0</td><td>50.00</td><td>0.00</td></tr><tr><td>Independent Claims</td><td>8</td><td>-8**=</td><td>200.00</td><td>0.00</td></tr><tr><td>Multiple Dependent</td><td></td><td></td><td></td><td></td></tr></tbody></table>		Total Claims	Highest Paid Claims	Extra Claims	Fee from Below	Fee Paid	29	-29**=	0	50.00	0.00	Independent Claims	8	-8**=	200.00	0.00	Multiple Dependent																																		
Total Claims	Highest Paid Claims	Extra Claims	Fee from Below	Fee Paid																																															
29	-29**=	0	50.00	0.00																																															
Independent Claims	8	-8**=	200.00	0.00																																															
Multiple Dependent																																																			
**or number previously paid, if greater; For Reissues, see below																																																			
<table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th></tr></thead><tbody><tr><td>1202</td><td>50</td><td>2202</td><td>25</td><td>Claims in excess of 20</td></tr><tr><td>1201</td><td>200</td><td>2201</td><td>100</td><td>Independent claims in excess of 3</td></tr><tr><td>1203</td><td>360</td><td>2203</td><td>180</td><td>Multiple dependent claim, if not paid</td></tr><tr><td>1204</td><td>200</td><td>2204</td><td>100</td><td>**Reissue independent claims over original patent</td></tr><tr><td>1205</td><td>50</td><td>2205</td><td>25</td><td>**Reissue claims in excess of 20 and over original patent</td></tr><tr><td colspan="5">SUBTOTAL (2) (\$)</td></tr></tbody></table>		Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	1202	50	2202	25	Claims in excess of 20	1201	200	2201	100	Independent claims in excess of 3	1203	360	2203	180	Multiple dependent claim, if not paid	1204	200	2204	100	**Reissue independent claims over original patent	1205	50	2205	25	**Reissue claims in excess of 20 and over original patent	SUBTOTAL (2) (\$)																			
Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description																																															
1202	50	2202	25	Claims in excess of 20																																															
1201	200	2201	100	Independent claims in excess of 3																																															
1203	360	2203	180	Multiple dependent claim, if not paid																																															
1204	200	2204	100	**Reissue independent claims over original patent																																															
1205	50	2205	25	**Reissue claims in excess of 20 and over original patent																																															
SUBTOTAL (2) (\$)																																																			
		*Reduced by Basic Filing Fee Paid																																																	
		SUBTOTAL (3) (\$)																																																	

SUBMITTED BY			
Name (Print/Type)	Stephen J. Shaw	Registration No. (Attorney/Agent)	56,442
Signature		Telephone	(408) 414-1080
		Date	June 28, 2005

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.